



RESUBMITTAL COVER SHEET

PERMIT # _____

DATE: _____

SITE ADDRESS: _____

PROJECT INFORMATION:

CONTRACTOR/OWNER-BUILDER INFORMATION:

COMPANY OR/OWNER-BUILDER NAME:

PHONE: _____ E-MAIL: _____

PLEASE CHOOSE ONE OF THE FOLLOWING:

SUBMITTAL TO CORRECT PLAN REVIEW DISCREPANCIES

SUBMITTAL OF VOLUNTARY DESIGN REVISIONS

OTHER _____

BRIEFLY DESCRIBE THE REVISIONS MADE:
